

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/593359** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4							
5							
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11							
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16	1						
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49							
50							
TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	19	←		←		←	
TOTAL CLAIMS	21						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							